

CITY OF ARCHDALE

307 BALFOUR DRIVE P.O. BOX 14068 ARCHDALE, NORTH CAROLINA 27263

PHONE: (336) 431-9141 FAX: (336) 431-2130

WATER/SEWER SERVICE APPLICATION

Date Service Requested:			
Occupant's Name:			
Service Address (not PO Bo	ox):		
Mailing Address (if differen	nt):		
City:		State:	Zip Code:
		Apartment Industrial	Retail Business
Home Phone Number:	()	-	
Social Security Number:			
Driver's License Number:		State:	
Employer:			
Work Phone Number:	()		
If you are renting/leasing, pagreement and \$100.00 dep	_	following information	along with a copy of your lease
Owner/Landlord:			
Address:			
City:		State:	Zip Code:
Owner's Phone Number:	()		
	m your checking	account on the 10 th of	ater/sewer customers. Your bill can each month. A blank, voided check
		-	rop box located at the front of the .00 deposit and lease agreement.
Welcome to Archdale.			
	0	ffice Use Only	
W/O: Cut on	Date:	C/O:	Trash/Recycle: